

ATTORNEY DOCKET NO. 21101.0103U2
ELECTRONIC FILING
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
Chilingarian, et al.)	Art Unit: 1631
)	
Application No. 10/506,409)	Examiner: Ritesh Agrawal
)	
Filing Date: February 15, 2006)	Confirmation No. 8395
)	
For: MULTIVARIATE RANDOM)	
SEARCH METHOD WITH MULTIPLE)	
STARTS AND EARLY STOP FOR)	
IDENTIFICATION OF)	
DIFFERENTIALLY EXPRESSED)	
GENES BASED ON MICROARRAY)	
DATA)	

TRANSMITTAL LETTER

Mail Stop PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/> Petition to Revoke	<input type="checkbox"/> Request for Extension of Time
<input checked="" type="checkbox"/> Fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input type="checkbox"/> No Additional Fee Required	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Corrected Drawings	<input type="checkbox"/> Other _____


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APPLICATION NO. 10/506,409

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims					X \$50.00	\$0.00
Independent Claims					X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$0.00
<input checked="" type="checkbox"/> Petition Fee under 37 C.F.R. § 1.137(b)						\$1500.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$750.00
TOTAL FEE DUE						\$750.00

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$750.00 for the fee designated is enclosed.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.



 Charley F. Brown
 Registration No. 52,658

NEEDLE & ROSENBERG, P.C.
 Customer Number 23859
 (678) 420-9300
 (678) 420-9301 (fax)